


FILED
Jul 28, 2003 8:00 am
Secretary of State

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

07-14-2003 90323 014 ****50.00
 03-11-2003 90026 040 ****50.00

DOCUMENT # L00000005477

1. Entity Name
1530 COLLINS FUNDING, LLC



Principal Place of Business C/O HOWARD R. SCHARLIN 1399 SW FIRST AVENUE 4TH FLOOR MIAMI FL 33130	Mailing Address C/O HOWARD R. SCHARLIN 1399 SW FIRST AVENUE 4TH FLOOR MIAMI FL 33130
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55052443

2. Principal Place of Business GERALD KATCHER Suite, Apt. #, etc. 1111 BRICKELL AVE STE 2920	3. Mailing Address 1111 BRICKELL AVE Suite, Apt. #, etc. SUITE 2920
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CHECK HERE IF MAKING CHANGES

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 12-4142227	Applied For <input type="checkbox"/> Not Applicable
Zip 33131	Country USA	Zip 33131	Country USA

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHARLIN, HOWARD R
 MELLON UNITED NATIONAL BANK BUILDING
 1399 SW FIRST AVENUE 4TH FLOOR
 MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name **GERALD KATCHER**
 Street Address (P.O. Box Number is Not Acceptable)
**MELLON FINANCIAL CENTER
 1111 BRICKELL AVE STE 2920**
 City **MIAMI FL** Zip Code **33131**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GERALD KATCHER, MANAGER** DATE **7/8/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE M	<input type="checkbox"/> Delete
NAME KATCHER, GERALD	
STREET ADDRESS 1399 SW 1 AVE	
CITY-ST-ZIP MIAMI FL 33130	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE MANAGER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GERALD KATCHER	
STREET ADDRESS 1111 BRICKELL AVE	
CITY-ST-ZIP MIAMI FL 33131	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** DATE **7/8/03** DAYTIME PHONE # **305-376-2445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (4/03)